

<i>SERFF Tracking Number:</i>	<i>NYLX-125779056</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New York Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39958</i>
<i>Company Tracking Number:</i>	<i>LTCAR0023601A01</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>CP Adv Natl Cons - Prod Spec</i>		
<i>Project Name/Number:</i>	<i>CP Adv Natl Cons - Prod Spec/LTCAR0023601A01</i>		

Filing at a Glance

Company: New York Life Insurance Company		
Product Name: CP Adv Natl Cons - Prod Spec	SERFF Tr Num: NYLX-125779056	State: ArkansasLH
TOI: LTC03I Individual Long Term Care	SERFF Status: Closed	State Tr Num: 39958
Sub-TOI: LTC03I.001 Qualified	Co Tr Num: LTCAR0023601A01	State Status: Filed-Closed
Filing Type: Advertisement	Co Status:	Reviewer(s): Stephanie Fowler
	Author: SPI NewYorkLifeInsCoLTC	Disposition Date: 09/11/2008
	Date Submitted: 08/18/2008	Disposition Status: Filed
Implementation Date Requested:		Implementation Date:
State Filing Description:		

General Information

Project Name: CP Adv Natl Cons - Prod Spec	Status of Filing in Domicile:
Project Number: LTCAR0023601A01	Date Approved in Domicile:
Requested Filing Mode: File & Use	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 09/11/2008	
State Status Changed: 09/11/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
August 18, 2008	

Mr. John Shields
Officer in Charge of Health Compliance
Life and Health Division
Arkansas Department of Insurance
1200 West Third St.
Little Rock, AR 72201-1904

<i>SERFF Tracking Number:</i>	<i>NYLX-125779056</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>CP Adv Natl Cons - Prod Spec/LTCAR0023601A01</i>		

Re: New York Life Insurance Company
NAIC # 826-66915; FEIN # 13-5582869
Long-Term Care Advertising Form Number 362713CV

Dear Mr. Shields,

The above-captioned form is being submitted for your review. The form is new and does not replace any previously approved form.

We consider this advertising form an invitation to inquire to create interest in finding out more about long-term care insurance. It is a handout/brochure on woman and long-term care. This form will be available to prospects, clients and the general public and distributed by our agents or the Company directly.

We want to have the right to use this piece in other format or media including New York Life Insurance Company websites, New York Life agents' websites, or other websites advertising New York Life Insurance Company's long-term care insurance policies.

To the best of our knowledge and belief, this filing is complete and is intended to comply with the insurance laws and regulations of your jurisdiction.

Should you have any questions or need additional information, please do not hesitate to contact me at 1-800-723-5555, ext. 5584. Thank you for your assistance.

Sincerely,

Susan Byrnes
Senior Contract Compliance Associate

Attachment(s)

SERFF Tracking Number:	NYLX-125779056	State:	Arkansas
Filing Company:	New York Life Insurance Company	State Tracking Number:	39958
Company Tracking Number:	LTCAR0023601A01		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	CP Adv Natl Cons - Prod Spec		
Project Name/Number:	CP Adv Natl Cons - Prod Spec/LTCAR0023601A01		

Company and Contact

Filing Contact Information

Susan Byrnes, Sr. Contracts & Compliance Associate	sbyrnes@newyorklifeltc.com
6200 Bridge Point Parkway Suite 400 Austin, TX 78730-5006	(512) 703-5555 [Phone] (512) 703-5564[FAX]

Filing Company Information

New York Life Insurance Company	CoCode: 66915	State of Domicile: New York
6200 Bridge Point Parkway Suite 400	Group Code: 826	Company Type:
Austin, TX 78730	Group Name:	State ID Number:
(512) 703-5555 ext. [Phone]	FEIN Number: 13-5582869	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
New York Life Insurance Company	\$25.00	08/18/2008	21986327

<i>SERFF Tracking Number:</i>	<i>NYLX-125779056</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>LTCAR0023601A01</i>		
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<i>Project Name/Number:</i>	<i>CP Adv Natl Cons - Prod Spec/LTCAR0023601A01</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	09/11/2008	09/11/2008

<i>SERFF Tracking Number:</i>	<i>NYLX-125779056</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>CP Adv Natl Cons - Prod Spec/LTCAR0023601A01</i>		

Disposition

Disposition Date: 09/11/2008

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	NYLX-125779056	State:	Arkansas
Filing Company:	New York Life Insurance Company	State Tracking Number:	39958
Company Tracking Number:	LTCAR0023601A01		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	CP Adv Natl Cons - Prod Spec		
Project Name/Number:	CP Adv Natl Cons - Prod Spec/LTCAR0023601A01		

Item Type	Item Name	Item Status	Public Access
Supporting Document	AR Cvr Ltr (08-18-08), AR Fee Schedule Form , AR NAIC Trans	Accepted for Informational Purposes	Yes
Form	Women's Brochure	Filed	Yes

SERFF Tracking Number:	NYLX-125779056	State:	Arkansas
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Form Schedule

Lead Form Number:

Review	Form	Form Type	Form Name	Action	Action Specific	Readability	Attachment
Status	Number				Data		
Filed	362713CV	Advertising	Women's Brochure	Initial			362713CV.P DF



New York Life Insurance Company (New York Life)

WOMEN AND LONG-TERM CARE

Taking Care of Yourself Today and Tomorrow



The Company You Keep®

*Have you done all you can
to preserve your quality of life
for the decades ahead?*



Take a look at your life today...

Retirement doesn't seem so far away. Considering that Americans in general are living much longer than previous generations, it's likely that you have decades of long life ahead of you!

You take care of yourself physically. Now's the time to take care of your financial health, by utilizing tools such as life insurance and retirement savings plans, to be sure that the one thing you don't have to worry about is paying the bills as you move into your later years.

Have you considered the risks that come with living a long life, the risk of needing long-term care?

Long-term care services can be provided in a variety of settings, including your own home.



For many people, long-term care encompasses more than they thought, and chances are, you know someone who has needed this type of care, or is receiving care now.

Long-term care can affect women in many ways

Women as Caregivers

When the time comes, you will want to do all you can to care for your loved ones, but caregiving can be difficult physically, emotionally, and financially.

Be sure that you have talked to your older loved ones about their plans for long-term care, and that you and your family have developed a plan for yourselves.

Women as Care Recipients

Quality of life is an important consideration in the retirement planning process, and one of the greatest luxuries is to be able to choose where and how you live. In the event of a long-term care need, you want to be in control as much as possible of whether you stay in your own home, who provides your care, and what types of services are available to you

What can you do today to be better prepared for the future?

The Long-Term Care Insurance Solution

Long-term care insurance is designed to reimburse you for specific care-related expenses such as home health care, adult day care, and care received in a facility.

By transferring some of the financial risk of a long-term care event with a long-term care insurance policy, you create a pool of money benefit just for your future long-term care needs.

Your loved ones will want to care for you – long-term care insurance simply helps them do it better and longer by making it easier to find needed services and pay for them.

New York Life is Your Partner In Protection

New York Life offers a long-term care insurance policy that is flexible and comprehensive. It provides benefits for a wide range of long-term care services and providers, and allows each applicant to customize the coverage to suit personal needs and circumstances.

New York Life is committed to providing generations of Americans with retirement planning tools supported by over 160 years of financial strength and integrity (New York Life has been selling long-term care insurance since 1988). We are The Company You Keep®.



New York Life Insurance Company

New York Life Insurance Company
Long-Term Care Insurance Division
6200 Bridge Point Parkway, Suite 400
Austin, TX 78730

www.newyorklife.com
1-800-224-4582

The purpose of this brochure is solicitation of insurance. An insurance agent may contact you.

New York Life Insurance Company's long-term care insurance is issued on policy form series ILTC-5000 and INH-5000 with a state identifier and edition date. Examples: ILTC-5000 (ID) (1001) and INH-5000 (ID) (1001) for Idaho, ILTC-5000 (NC) (1001) (Rev. 0606) and INH-5000 (NC) (1001) (Rev. 0606) for North Carolina, ILTC-5000 (PA) (1001) and FLTC-5000 MLP (PA) (0503) for Pennsylvania, ILTC-5000 (TN) (1001) and INH-5000 (TN) (1001) for Tennessee, ILTC-5000 (TX) (0305) and INH-5000 (TX) (0305) for Texas.

The policies contain some benefit eligibility restrictions, other limitations and exclusions, as well as terms under which the policies can be continued in force or discontinued, that are common in the industry. For costs and complete details of the coverage call or write your insurance agent or company.

The individual long-term care insurance policies are underwritten by New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010.

ED. 08.14.08



362713 CV

<i>SERFF Tracking Number:</i>	<i>NYLX-125779056</i>	<i>State:</i>	<i>Arkansas</i>
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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	NYLX-125779056	State:	Arkansas
Filing Company:	New York Life Insurance Company	State Tracking Number:	39958
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Project Name/Number:	CP Adv Natl Cons - Prod Spec/LTCAR0023601A01		

Supporting Document Schedules

Satisfied -Name:	AR Cvr Ltr (08-18-08), AR Fee Schedule Form , AR NAIC Trans	Review Status:	Accepted for Informational Purposes	09/11/2008
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Comments:

Attachments:

AR Cvr Ltr (08-18-08).PDF
AR Fee Schedule Form .PDF
AR NAIC Trans .PDF



New York Life Insurance Company
Long-Term Care Division
6200 Bridge Point Parkway, Suite 400
Austin, Texas 78730-5006
Bus: 800--723-5555 x 5584
Fax: 512-703-5564
E-mail: sbyrnes@newyorklifeltc.com
www.newyorklifeltc.com

Susan Byrnes
Senior Contracts and Compliance Associate

August 18, 2008

Mr. John Shields
Officer in Charge of Health Compliance
Life and Health Division
Arkansas Department of Insurance
1200 West Third St.
Little Rock, AR 72201-1904

Re: New York Life Insurance Company
NAIC # 826-66915; FEIN # 13-5582869
Long-Term Care Advertising Form Number 362713CV

Dear Mr. Shields,

The above-captioned form is being submitted for your review. The form is new and does not replace any previously approved form.

We consider this advertising form an invitation to inquire to create interest in finding out more about long-term care insurance. It is a handout/brochure on woman and long-term care. This form will be available to prospects, clients and the general public and distributed by our agents or the Company directly.

We want to have the right to use this piece in other format or media including New York Life Insurance Company websites, New York Life agents' websites, or other websites advertising New York Life Insurance Company's long-term care insurance policies.

To the best of our knowledge and belief, this filing is complete and is intended to comply with the insurance laws and regulations of your jurisdiction.

New York Life Insurance Company
Advertising Filing – 362713CV
July 21, 2008
Page 2

Should you have any questions or need additional information, please do not hesitate to contact me at 1-800-723-5555, ext. 5584. Thank you for your assistance.

Sincerely,

A handwritten signature in cursive script that reads "Susan Byrnes".

Susan Byrnes
Senior Contract Compliance Associate


Attachment(s)

*** THESE FEES ARE PAYABLE AS REOUINED IN ARK. CODE ANN §23-61-401

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas					
2.	Department Use Only						
	State Tracking ID						
N/A							
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	New York Life Insurance Company 6200 Bridge Point Parkway Suite 400 Austin, Texas 78730-5006	New York	N/A		826-66915	13-5582869	
4.	Contact Name & Address	Telephone #		Fax #		E-mail Address	
	Susan Byrnes New York Life Insurance Company 6200 Bridge Point Parkway Austin, Texas 78730-5006	1-800-723-5555 x 5584		512-703-5575		sbyrnes@newyorklifeltc.com	
5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
6.	Company Tracking Number	362713CV					
7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____						
8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Group</div> <div> <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____ </div> </div>					
9.	Type of Insurance	LTC 03I Individual Long-Term Care					
10.	Product Coding Matrix Filing Code	<u>LTC03L001 Qualified</u>					
11.	Submitted Documents	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> <u>FORMS</u> <input type="checkbox"/> Policy <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Schedule of Benefits </div> <div style="width: 33%;"> <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Other </div> <div style="width: 33%;"> <input type="checkbox"/> Certificate <input checked="" type="checkbox"/> Advertising </div> </div> <div style="margin-top: 10px;"> <u>Rates</u> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate </div> <div style="margin-top: 10px;"> <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ </div> <div style="margin-top: 10px;"> <u>SUPPORTING DOCUMENTATION</u> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other </div> <div style="width: 50%;"> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Certifications </div> </div> </div>					

12.	Filing Submission Date	August 18, 2008	
13.	Filing Fee (If required)	Amount	\$25.00
		Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Check Date	EFT
		Check Number	EFT
14.	Date of Domiciliary Approval	N/A	
15.	Filing Description:		
	<p>The above-captioned form is being submitted for your review. The form is new and does not replace any previously approved form.</p> <p>We consider this advertising form an invitation to inquire to create interest in finding out more about long-term care insurance. It is a handout/brochure on woman and long-term care. This form will be available to prospects, clients and the general public and distributed by our agents or the Company directly.</p> <p>We want to have the right to use this piece in other format or media including New York Life Insurance Company websites, New York Life agents' websites, or other websites advertising New York Life Insurance Company's long-term care insurance policies.</p> <p>To the best of our knowledge and belief, this filing is complete and is intended to comply with the insurance laws and regulations of your jurisdiction.</p> <p>Should you have any questions or need additional information, please do not hesitate to contact me at 1-800-723-5555, ext. 5584. Thank you for your assistance.</p> <p>Sincerely,</p> <p>Susan Byrnes Senior Contract Compliance Associate</p> <p>Attachment(s)</p>		

16.	Certification (If required)
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and complies with all applicable statutory provisions for the state of <u>Arkansas</u>.</p> <p>Print Name <u>Michael Francescone</u> Title <u>VP & Actuary</u></p> <p>Original Signature <u></u> Date <u>August 18, 2008</u></p>	

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		N/A
This filing corresponds to rate filing company tracking number		N/A

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	LTC Women's Brochure Advertising	362713CV	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
12			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH-FFA-1

13			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
14			<input type="checkbox"/> Other _____	N/A N/A
			<input type="checkbox"/> Initial	
15			<input type="checkbox"/> Revised	N/A N/A
			<input type="checkbox"/> Other _____	
16			<input type="checkbox"/> Initial	N/A N/A
			<input type="checkbox"/> Revised	
17			<input type="checkbox"/> Other _____	N/A N/A
			<input type="checkbox"/> Initial	
18			<input type="checkbox"/> Revised	N/A N/A
			<input type="checkbox"/> Other _____	
19			<input type="checkbox"/> Initial	N/A N/A
			<input type="checkbox"/> Revised	
20			<input type="checkbox"/> Other _____	N/A N/A
			<input type="checkbox"/> Initial	
21			<input type="checkbox"/> Revised	N/A N/A
			<input type="checkbox"/> Other _____	
22			<input type="checkbox"/> Initial	N/A N/A
			<input type="checkbox"/> Revised	
23			<input type="checkbox"/> Other _____	N/A N N/A N/A /A
			<input type="checkbox"/> Initial	
24			<input type="checkbox"/> Revised	N/A N/A
			<input type="checkbox"/> Other _____	
25			<input type="checkbox"/> Initial	N/A N/A
			<input type="checkbox"/> Revised	
26			<input type="checkbox"/> Other _____	N/A N/A
			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
			<input type="checkbox"/> Other _____	

LH-FFA-2

18. Rate Filing Attachment				
This filing transmittal is part of company tracking number			N/A	
This filing corresponds to form filing company tracking number			N/A	
Overall percentage rate indication (when applicable)			N/A	
Overall percentage rate impact for this filing			%	
	Document Name Description	Affected Form Numbers		Previous State Filing Number
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	N/A
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

LH RFA-1